
RAM Fee History Query

Revenue Accounting and Management

Name/Number: 09127276

Total Records Found: 9

Start Date: Any Date


End Date: Any Date

Accounting Date	Sequence Num.	Fee Type	Fee Code	Fee Amount	Mailroom Date	Payment Method
08/16/2006	00000020	<u>1</u>	<u>1462</u>	\$400.00	08/15/2006	DA 090471
08/09/2006	00000049	<u>1</u>	<u>1599</u>	\$130.00	10/18/2005	DA 060001
08/04/2006	00000032	<u>1</u>	<u>1464</u>	-\$130.00	10/19/2005	DA 141190
10/20/2005	00000121	<u>1</u>	<u>1464</u>	\$130.00	10/19/2005	DA 141190
05/10/2001	00000134	<u>1</u>	<u>117</u>	\$890.00	05/08/2001	DA 141190
11/02/1998	00000294	<u>1</u>	<u>581</u>	\$40.00	10/26/1998	CK
10/29/1998	00000039	<u>1</u>	<u>101</u>	\$790.00	10/26/1998	CK
10/29/1998	00000040	<u>1</u>	<u>103</u>	\$132.00	10/26/1998	CK
10/29/1998	00000041	<u>1</u>	<u>105</u>	\$130.00	10/26/1998	CK

05/22/2007 CKHLOK
00000014 060001 09127276
130.00 CR

Can't find paper dated 10/18/05
for this charge.

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>05/17/07</u>		2 Serial/Patent # <u>09/127,276</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
X	Petition			\$ 130.00							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 130.00							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
	Overpayment	X	Credit Deposit A/C #:								
	Duplicate Payment	9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">6</td> <td style="width: 20px;">--</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> <td style="width: 20px;">1</td> </tr> </table>			0	6	--	0	0	0	1
0	6	--	0	0	0	1					
X	No Fee Due (Explanation):										
unknown charge; no authorization in application											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>A. Au</u>		TITLE: <u>Pet. Exm</u>									
SIGNATURE: _____		PHONE: <u>7414</u>									
OFFICE: <u>Office of Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u></u>		DATE: <u>5/22/07</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: